Effective January 1, 2003 /0/568812																						
_	2-2/-0 (umn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY															
T	OTAL CLAIMS	9		-				RATE	FEE	7	RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA		8/	SIC FE	E 375.00	OR	BASIC FEE	750.00										
TOTAL CHARGEABLE CLAIMS			9 minus 20=		• 0.			X\$ 9=		OR		0										
INDEPENDENT CLAIMS			2 minus 3 =		* _ 0 _			X42=		OR	7/04	0										
MULTIPLE DEPENDENT CLAIM PRESENT							+140=			1		0.										
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	L											
2-2/- CLAIMS AS AMENDED - PART II										OR	OTHER	THAN										
0		(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST						MALL	ENTITY	OR	SMALL											
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total 20	. 20	Minus	* 2	0	= 0)	(\$ 9=		OR	X\$18=	0										
	Independent	* /	Minus	###	3	= 0)	<42=		OR	X84=	િ										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+280=	0										
								TOTAL			TOTAL ADDIT, FEE	0										
		(Column 1)		(Colun	nn 2)	(Column 3)	ماد	/II. FCE			ADDII. PECI											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHI NUME PREVIO PAID I	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=	×	(42=		OR	X84=											
	FINST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM			140														
							L	140=		OR	+280=											
		ADD	IT. FEE		OR)	TOTAL ADDIT. FEE																
		(Column 1) CLAIMS		(Colum		(Column 3)	6															
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		20	X	\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		•	Y	42=		ŀ	X84=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	A04=	-										
•	* if the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+280=											
•	nere unflue 24 (Affi	moer Previously Pa mber Previously Pa ber Previously Pal	ild For IN TH	S SPACE in	loce tha	a 2 antar *2 *	, 00.	TOTAL T. FEE		OR.	DDIT. FEE											
						2.1	TOUNG IN	ne app	ropriate box	in colu	mn 1.	l										
~~	F10-075 (Rev. 12	702) 'U.S. G	vernment Printing	Office: 2003-4	99-464/79	011	Patent an	d Tradage	ork Office 11	DEDA	DRM PTO-675 (Rev. 12/02) *U.S. Government Printing Office: 2003—499-464/79011 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE											

Application or Docket Number